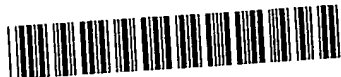


J-24-2000

U.S. Department of Commerce
Patent and Trademark Office



101495638

RECORDATION FORM COVER SHEET
PATENTS ONLY

PATENT

U.S. PTO
09/29/00
09/29/00

TO: The Commissioner of Patents and Trademarks : Please record the attached original document(s) or copy(ies)

Submission Type

- ☒ New
☐ Resubmission (Non- Recordation)
Document ID # _____
☐ Correction of PTO Error
Reel # _____ Frame # _____
☐ Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- ☒ Assignment ☐ Security Agreement
☐ License ☐ Change of Name
☐ Merger ☐ Other _____

U.S. Government

(For Use ONLY by U.S. Government Agencies)

☐ Departmental File ☐ Secret File

Attorney Docket No: 42390.P8382X

Conveying Party (ies)

☐ Mark if additional names of conveying parties attached

Name (1st party) Faber, Robert W.

Name (2nd party) Traw, Brendan S.

Name (3rd party) Graunke, Gary L.

Name (4th party) Lee, David A.

RECEIVED

OCT 12 2004

Technology Center 2100

Execution Date		
Month	Day	Year
09	22	2000
09	28	2000
09	28	2000
09	26	2000

Receiving Party

☐ Mark if additional names of receiving parties attached

Name (line 1) Intel Corporation

Name (line 2) a corporation of Delaware

Address (line 1) 2200 Mission College Boulevard

Address (line 2) _____

Address (line 3) Santa Clara CA 95052
City State/Country Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

(Complete only if receiving party is not domiciled in the United States)

Enter for the first Receiving Party only.

Name _____

Address (line 1) _____

Address (line 2) _____

Address (line 3) _____

Address (line 4) _____

FOR OFFICE USE ONLY

10/23/2000 GTDN11 00000180 09675645

01 FC:581 40.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

Correspondent Name and Address

Area Code and Telephone Number 408 720 8300

Name James H. Salter

Address (line 1) Blakely, Sokoloff, Taylor & Zafman LLP

Address (line 2) 12400 Wilshire Boulevard

Address (line 3) Seventh Floor

Address (line 4) Los Angeles, CA 90025

Pages

Enter the total number of pages of the attached conveyance document.

2

Application Number (s) or Patent Number (s)

☐

Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number (s)

Patent Number (s)

If this document is being filed together with a **new** Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month Day Year

09 22 2000

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a
U.S. Application Number has not been
assigned.

PCT

PCT

PCT

PCT

PCT

PCT

Number of Properties

Enter the total number of properties involved.

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$ 40.00

Method of Payment:

Deposit Account

Enclosed ☒

Deposit Account ☐

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: # 02-2666

Authorization to charge additional fees:

Yes ☒

No ☐

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Michael J. Mallie

36,591



9/29/00

Name of Person Signing

Registration No.

Signature

Date